



# CITY OF COLUMBUS

## INCOME TAX DIVISION

[www.columbus-tax.net](http://www.columbus-tax.net)

### ACH Credit Registration Form

#### ACH Credit Authorization Agreement for Electric Funds Transfer (EFT)

☐

**New EFT Account**

☐

**Change Contact Information**

☐

**Withholding Tax Payment**

☐

**Net Profits Tax Payment**

#### Section I

|   |                |                                      |
|---|----------------|--------------------------------------|
| Taxpayer Name                                 |                | Taxpayer Account Number<br>--        |
| Taxpayer Address (number, street, box number) |                | Daytime Telephone<br>(     )         |
| Taxpayer Address (city, state and ZIP code)   |                | Fax Number<br>(     )                |
| Contact Person                                | E-Mail Address | Contact Daytime Telephone<br>(     ) |
| Contact Address (number, street, box number)  |                |                                      |
| Contact Address (city, state and ZIP code)    |                |                                      |

#### Section II

I hereby authorize the contact person listed on this form and the financial institutions involved in processing of my payments to receive confidential information necessary to effect electronic payment of city income taxes, answer inquiries, and resolve issues related to enrollment and payments. If signed by a corporate officer, partner or fiduciary of behalf of the taxpayer, I certify that I have the authority to execute this authorization on behalf of the taxpayer. This authorization is to remain in full force until the Income Tax Division of the City of Columbus Auditor's Office has received written notification from me of termination in such time as to afford a reasonable opportunity to act on it.

|                       |       |                                   |      |
|-----------------------|-------|-----------------------------------|------|
| Signature             | Print | Title                             | Date |
| Bank Name and Address |       |                                   |      |
| Bank Contact person   |       | Bank Contact Telephone<br>(     ) |      |

Mail or FAX the completed registration form to:

**ATTN: ACH Credit Registration  
COLUMBUS INCOME TAX DIVISION  
50 W GAY ST 4<sup>TH</sup> FL  
COLUMBUS, OH 43215**

**FAX Number: 614.645.7193**

## **Instructions for Completing the ACH Credit Authorization Form**

### **General**

Please type or print clearly. Return the authorization form to the Columbus Income Tax Division within 15 days form the date you receive it.

By checking the appropriate box, you must use this form to:

- Register for participation in the ACH credit program;
- Receipt of the Electronic Funds Transfer Taxpayers Guide which includes bank account numbers and file layout specifications for ACH Credit remittances;
- Assignment of a Withholding or Net Profits or both ACH Credit Registration Numbers to be included in Field 10 (TXP 10) of the TXP segment;
- Change contact information.

### **SECTION I**

Complete all of the blocks in this section.

Your Taxpayer Account Number is the city income tax account number assigned by the Columbus Income Tax Division.

### **SECTION II**

Complete all of the blocks in this section. Signature is required.

Important Information:

1. If you do not have an existing city income tax account, you are required to enroll on line at our web site at [www.columbustax.net](http://www.columbustax.net).
2. File layout specifications will be mailed to you once your registration form has been accepted.
3. The following electronic payment options are available: CCD+ (Cash Concentration and Disbursement Plus Addenda) and CTX (Corporate Trade Exchange).